
Evaluation of Medicaid Managed Care Implementation in New Hampshire

Year One Design Plan
January 9, 2014



**THE URBAN
INSTITUTE**

Health Policy Center

Independent research for better health policy and better health

Introducing the Urban Institute

- The Urban Institute was founded in the late 1960s to conduct independent, nonpartisan analysis of important social and economic policy problems facing the United States**
- The Urban Institute’s Health Policy Center has decades of experience researching and providing advice to states on their Medicaid and CHIP programs. Our staff of 50 researchers includes nationally-renowned experts on these programs.**
- UI staff have conducted numerous analyses and evaluations of Medicaid managed care programs**

Prior Urban Institute Research on Medicaid Managed Care

- **“Medicaid and CHIP Risk-Based Managed Care in 20 States: Experiences Over the Past Decade and Lessons for the Future.”**
- **“Enrolling High-Risk, High-Need Beneficiaries into Medicaid Managed Care: Lessons from Ten States”**
- **“Moving to Mandatory Medicaid Managed Care in Ohio: Impacts for Pregnant Women and Infants”**
- **“Implementation of Mandatory Medicaid Managed Care in Missouri: Impacts for Pregnant Women”**
- **Numerous national and state-specific analyses of Medicaid managed care in the 1990s and 2000’s**

Most Recent Work

- **A three year mixed-methods evaluation of Medicaid managed care in Kentucky**
 - **We identified a number of administrative, oversight, and financial issues in the first year, many of which were attributed to the compressed implementation timeline;**
 - **These issues had largely been resolved by year two**
 - **Focus group participant experiences with managed care were largely positive; but with access gaps, particularly for pharmacy/behavioral health services**
 - **Early quantitative findings suggest impacts on emergency room use and receipt of primary care**

Evaluation Team

- **Urban Institute**

- **Dr. Genevieve Kenney, Principal Investigator**
- **Dr. Stacey McMorrow, Quantitative Lead Researcher**
- **Ashley Palmer, Doctoral Candidate, Qualitative Lead Researcher**
- **Dr. Embry Howell, Qualitative Advisor**
- **Dr. Timothy Waidmann, Long-Term Services and Supports Advisor**

- **NH Institute for Health Policy and Practice**

- **Edgar Helms, MA, NH Policy Expert**
- **Josephine Porter, MPH, NH Data and Policy Expert**

Process for Designing New Hampshire Evaluation

- **Convened Advisory group meeting with Key Stakeholders in December 2012**
 - Group is comprised of over 20 people, including provider representatives, advocates, and state officials
 - Came together to discuss evaluation process and goals
- **Worked with UNH and the Department to identify data sources for quantitative component of the evaluation**
- **Developed and revised draft plan based on data assessment and input from members of Advisory group**

Proposed New Hampshire Evaluation Plan for 2014—Focus on Phase One

- **We plan to use a mixed-methods approach to this evaluation (quantitative and qualitative)**
- **Qualitative Component**
 - Document review
 - Advisory Group Meeting
 - Stakeholder interviews (state officials, health plan executives, providers, advocates)
 - 3 focus groups (moms and kids, those using the behavioral health system, those needing long-term services and supports)

Qualitative Research Questions

Research Area	Case Study	Focus Group
State Approach to Training and Staffing	X	
Plan and Provider Oversight	X	
Opportunities to Improve Communication Among Major Partners	X	
Provider Administrative Changes	X	
Patient Education about Managed Care	X	X
Changes in Quality or Access Resulting from Medicaid Managed Care		X
Case Management Programs	X	X

Quantitative Component

- **Ultimate goal is to assess the impacts of the transition to managed care on measures of access, utilization, quality and costs**
 - We will compare changes over time in outcomes of interest for the Medicaid population to a comparison group
- **Our first task will use a systematic approach to select a core set outcome measures which must:**
 - Capture some dimension of care that could be affected by the transition to care management
 - Be constructed using one of the evaluation's primary data sources
 - Be available in a consistent format in both the pre-managed care and post-managed care time period

Possible Outcome Measures

Category	Indicators	Data Sources
Access to Care	Usual source of care, unmet needs	BRFSS, CAHPS
Health Care Use	Recommended preventive care, Inpatient, outpatient, ED visits	Claims/encounter data, hospital discharge abstracts
Quality/Efficiency	Ambulatory care sensitive admissions, avoidable ED use, beneficiary satisfaction	Claims/encounter data, hospital discharge abstracts, CAHPS
Health Outcomes	Self-reported general and mental health status, low birth weight	BRFSS, Vital Statistics
Costs	Total yearly expenses per individual (stratified by service category)	Claims/encounter data, hospital discharge abstracts

Contributions and Challenges of the Quantitative Analysis

- **UI/UNH Evaluation will complement the robust data collection and monitoring efforts already in place by the State**
- **Limitations**
 - Identifying an appropriate comparison group
 - Sample size constraints, particularly for subgroups
 - Unknown content/timeliness of MCO encounter data
 - Evaluation timeline cannot pick up longer term impacts

Timeline for 2014 Evaluation Activities

Date	Deliverable
February/March 2013	Advisory Group Meeting
March, 2013	Draft Stakeholder Interview Protocols and Focus Group Moderator's Guide
May to July, 2014	Conduct Key Stakeholder Interviews and Focus Groups
July, 2014	Draft Literature Review and Proposed List of Outcomes/ Subgroups
October, 2014	Draft Year 1 Qualitative Report
November, 2014	Final Year 1 Qualitative Report
December, 2014	Final Literature Review and List of Outcomes

Next Steps

- **Organize Advisory group meeting and plan for case studies and focus groups**
- **Assess content and quality of encounter data and begin data acquisition processes for other data sources**
- **Begin planning on evaluation design for Phase two on managed care implementation for LTC populations and services long-term services and supports**
- **We will also develop the remainder of our evaluation for the acute care phase, which is likely to include additional focus groups and quantitative analyses**
- **Monitor NH policy environment including any movement on ACA Medicaid expansion**